



**Department of Public Safety
STATE FIRE MARSHAL'S OFFICE**

52 State House Station
Augusta, ME 04333-0052

Tel. (207) 626- 3880

Fax: (207) 287-6251



APPLICATION FOR FIREWORKS TECHNICIAN LICENSE

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION BELOW

☐ NEW LICENSE \$180.00 **Include (2) passport type photos, one inch by one inch.**

☐ LICENSE RENEWAL \$ 25.00 **CURRENT LICENSE #:** _____

☒ **BACKGROUND CHECK** \$ 21.00 *(Required of all Applicants)*

NAME: _____ / /
FIRST MIDDLE LAST DATE OF BIRTH

PHYSICAL ADDRESS: _____
TOWN: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____ TELEPHONE
TOWN: _____ STATE: _____ ZIP CODE: _____

HEIGHT CITIZENSHIP: OTHER ENDORSMENTS:
WEIGHT ☐ U.S. CITIZEN ☐ PROXIMATE AUDIENCE
COLOR OF EYES ☐ RESIDENTIAL ALIEN ☐ FLAME EFFECTS
HAIR COLOR

EMAIL ADDRESS: _____

In the past five years have you been convicted of any of the following crimes? Family Abuse, failure to meet family support obligations, 3 or more class D or class E crimes, 3 or more civil violations, or any other violation with records indicating applicant has engaged in recklessness or negligence that endangered the safety of others?

YES _____ NO _____

Have any of your previous fireworks permits or technician licenses been revoked for any reason?

YES _____ NO _____

In accordance with the provisions of R.S., Title 8, Sec 231, as amended, application is hereby made for a license to discharge, fire off or explode fireworks. A background records check will be conducted on all applicants. Misrepresentation will be grounds for automatic disapproval of license. By signing this application, the applicant is authorizing the Office of State Fire Marshal to check criminal history.

I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE: _____

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓

FEE REC'D:	TEST GIVEN:	PERMIT #:	PERMIT ISSUED DATE:
DATE:			